

PERFORMANCE IMPROVEMENT FY2005

If you have questions regarding Performance Improvement, you may call Diana Waller, Administrative Officer, Clinical Quality Management Service.

- 1) It is the philosophy of the VA North Texas Health Care System (VANTHCS) that quality planning, quality control and performance improvement are essential for maintaining quality patient care and ensuring customer satisfaction. VANTHCS Memorandum QC-1 states that the staff will follow a planned, systematic, organization wide approach to quality management that is both collaborative and interdisciplinary.
- 2) VA North Texas Health Care System performance improvement activities will be conducted using the FOCUS-PDCA approach. That is
 - F- FIND a quality improvement opportunity
 - O- ORGANIZE a team that knows the process(es) involved
 - C- CLARIFY current knowledge of the process and its variation
 - U- UNDERSTAND the causes of process variation
 - S- SELECT the performance improvement

 - P- PLAN the performance improvement
 - D- DO the improvement, data collection, and analysis
 - C- CHECK data for performance improvement and customer satisfaction
 - A- ACT to hold the gains made or revise the process as necessary
- 4) Performance improvement activities include essential elements of process design, data collection, data analysis and improvement. The process design will be consistent with the mission, vision, values and goals/objectives of the VA North Texas Health Care System, as well as patient needs and sound business practices.
- 5) The Performance Improvement Cycle is repeated continuously. To maintain improvement we continuously need to...
 - **PLAN**...change by studying the process
 - **DO**.....carry out the plan
 - **CHECK**..see if the results of the change are the desired outcome
 - **ACT**....implement the change or revise the plan and repeat the process

- 6) All performance improvement activities will include the following essential elements:

PROCESS DESIGN-establishing the purpose of the improvement, parameters for improving the process and expectations of the improvement

DATA COLLECTION-collecting outcome and process measures such as customer satisfaction, efficiency, and timeliness

DATA ANALYSIS-use of appropriate tools, comparison of process and outcomes to community or other established standards

IMPROVEMENT-taking action based on analysis

- 7) The methodology used for identifying, making and maintaining performance an improvement is familiar to most health care providers. VA North Texas Health Care System employees may also be familiar with the terms Continuous Quality Improvement (CQI) or Total Quality Improvement (TQI). Both of these processes use a FOCUS-PDCA approach for improvement.
- 8) Performance improvement may involve the use of statistical tools such as flow charts, pie charts, bar graphs, fish bone diagrams histograms, run charts, control charts, and other information diagrams. These tools are used to analyze data and to determine root causes of problems in order to guide performance improvement.
- 9) The effectiveness of the VA North Texas Health Care System quality improvement plan is evaluated on an annual basis. The evaluation includes a review by the Chief, Clinical Quality Management Service with a final evaluation conducted by the Quality Council and the Executive Committee of the Medical Staff.
- 10) VA North Texas Health Care System Memorandum Number QC-1 provides a written plan for managing quality that is essential for excellent patient care and customer satisfaction. Performance improvement requires that an organizational culture be fostered that involves all employees in continuously improving performance to meet patient and community needs.

11) Examples of performance improvement activities for FY 2005 include the following:

1. Reducing the time for processing prosthetic orders for Spinal Cord Injury (SCI) patients.
2. Reducing the wait time in Urgent Care for patients to be processed and or admitted to the medical center.
3. Implementing Advanced Clinical Access in Primary Care
4. Improving the number of patients who have a diagnosis of Cardiac Heart Failure that get the appropriate discharge instructions
5. Reducing the time it takes to answer a patient complaint
6. Increasing the number of patients who are screened for colorectal cancer

12) All VA North Texas Health Care employees are responsible for performance improvement. Improvements can be recommended through All Employee Meetings, brown bag lunches, functional committees, Speak to the Director letters, the Suggestion program and staff meetings.